



Missouri Pharmacy Program – Preferred Drug List



FluoroQuinolones

Effective 06/01/2005

Revised 01/03/2008

Preferred Agents

- Ciprofloxacin HCl
- Ofloxacin
- Avelox®
- Avelox ABC® Pack

Non-Preferred Agents

- Cipro® XR
- Cipro®
- Floxin®
- Maxaquin®
- Factive®
- Noroxin®
- Zagam®
- Proquin® XR
- Tequin®
- Levaquin®
- Levaquin® Solution
- Cipro® Susp MC Recon
- Ciprofloxacin ER

| <u>Approval Criteria</u> | <u>Denial Criteria</u> |
|---|---|
| Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agent(s) | Lack of adequate trial on required preferred agent |
| Documented trial period for preferred agents | Therapy will be denied if no approval criteria are met. |
| Documented ADE/ADR to preferred agents | |
| Documented compliance on current therapy regimen. | Drug Prior Authorization Hotline: (800) 392-8030 |